

CONSUMER COMPLAINT FORM - TELEMARKETING

OFFICE OF THE ATTORNEY GENERAL

CONSUMER PROTECTION DIVISION

AG FORM #190 Rev. 02-96

STATEWIDE TOLL FREE 800-551-4636
HEARING IMPAIRED - TDD 800-276-9883 or local 206-464-7293

Bellingham: Island, San Juan, Skagit and Whatcom counties. 103 E. HOLLY SUITE 308 BELLINGHAM, WA 98225 (360) 738-6185 FAX (360) 738-6190	Seattle: King, Snohomish, Clallam and Jefferson counties and Bainbridge Island. 900 FOURTH AVENUE SUITE 2000 SEATTLE WA 98164-1012 (206) 464-6684 FAX (206) 464-6451	Olympia: Thurston County. 905 PLUM ST SE # 3 PO BOX 40118 OLYMPIA, WA 98504-0118 (360) 753-6210 FAX (360) 664-2585
Tacoma: Pierce, Mason, Grays Harbor and Kitsap 1019 PACIFIC AVENUE SOUTH 3 RD FLR TACOMA WA 98402-4411 (206) 593-2904 FAX (206) 593-2449	Spokane: Central-Northeastern Washington. WEST 1116 RIVERSIDE SPOKANE WA 99201-1194 (509) 456-3123 FAX (509) 456-2486	Kennewick: Southeastern Washington. 500 N MORAIN ST SUITE 1250 KENNEWICK WA 99336-2607 (509) 546-4360 FAX (509) 734-7290
Please type or print. This form should be returned to the address nearest to you. After your complaint is received, you will be contacted by mail regarding assignment of your complaint.		Vancouver: Southwestern Washington. 500 W 8 TH Suite 55 VANCOUVER WA 98660-3007 (360) 690-4751 FAX (360) 690-4762
Please include copies of related documents. SEND COPIES ONLY - DO NOT INCLUDE ORIGINAL DOCUMENTS!		

CONSUMER INFORMATION

Name: _____
Please Print or Type *Last* *First* *Middle Initial*

Address: _____

City: _____ State: _____ Zip: _____

Phone: Day: (_____) _____ Evening: (_____) _____

If you are not the person involved in this transaction, who is and what is your relationship to that person? _____

If you do not want your complaint sent to the business, please explain: _____

BUSINESS INFORMATION

Name of Business Involved: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Salesperson's Name: _____

Names and addresses of any other businesses involved in your complaint: _____

Item or Service Purchased: _____

Cost of Item or Service: \$ _____ Date of Transaction: ____/____/____

What form of payment (circle one)? VISA/MC Check Money Order Wire Cash Other: _____

Was initial contact made by telephone (circle one)? YES NO

Was the initial contact made by a promotional card mailed to you (circle one)? YES NO

If YES, did the promotional card request that you call the business to respond (circle one)? YES NO

Was this promotion a 1 in 5 prize offer (circle one)? YES NO

If YES, did you have to send money to win the prize (circle one)? YES NO

If YES, what was the amount of money required? \$ _____

If YES, what was the claimed purpose of the money; i.e., taxes, shipping or products? _____

If YES, did you receive the prize, product, or service offered (circle one)? YES NO

Did the solicitation involve raising money for a charitable purpose (circle one)? YES NO

Did this company call you more than once (circle one)? YES NO If YES, approximately how many times? _____

Have you received similar calls or promotions from other companies? _____

SIGNATURE

Date _____